

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/603795

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2		1		1		1
3		2		2		2
4		2		2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11	1		1		1	
12		1		1		1
13		1		1		1
14		2		2		2
15		1		1		1
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49						
50						
TOTAL IND.	2		2		2	
TOTAL DEP.		22		22		22
TOTAL CLAIMS	2	22	2	22	2	22

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						